

January 14, 2009

To Whom It May Concern:

I have spent the past ten years working in various capacities as a Chemical Dependency Counselor, Psychosocial Rehabilitation Specialist, and Therapist working with the CSCT Program in a school setting (K-12).

I have worked extensively with Medicaid, CHIP and private insurance companies, particularly in the last year as a Therapist. I have personally experienced a high level of frustration at the difficulty in coordinating the three different systems of pay with providing effective services for clients, specifically, severely emotionally disturbed children.

The designated DSM IV diagnoses that qualify SED children for services are not consistent with the three systems. CHIP, particularly, has what can only be described as an arbitrary system of eligibility for services. For example: CHIP offers unlimited services through CSCT for children with Autism, but a child with Asperger's Syndrome is only allowed 40 visits. Dysthymic Disorder and PTSD are also limited in this way. This makes it very difficult to provide services to CHIP children through the CSCT program, and also may induce therapists to give a child a more serious diagnosis, causing the child to have a record of a serious mental illness that could potentially damage their future.

The second major difficulty with providing effective services through the CSCT program is the creation by Medicaid of the "Mental Health Associate" (MHA) position. This position is theoretically staffed by a BA level person, but in the majority of the locations this seldom occurs. Private insurance will not pay for these services, and will not pay for a master's level therapist who is completing the required 2,000 hours for licensure. CHIP will pay for services of a yet-to-be-licensed therapist, but will only pay for individual sessions for the MHA, not for group therapy, a requirement for the Medicaid funded and created CSCT program. The whole concept of the MHA needs to be reviewed and possibly eliminated. More focus needs to go to the needs of the children served, and less focus on meaningless and repetitive paperwork. The Medicaid mandate for the CSCT program requires that 47% of staff time will be spent on paperwork. This is counterproductive to providing the best possible treatment, and is a waste of Medicaid funds.

It is critical to provide the additional funding to support Medicaid and CHIP mental and physical health care. The children who qualify for CHIP are often those whose parents are both working, or are single parents, who are trying as hard as they can to be productive members of society. There are also the parents who have been caught in the maze of divorce law, and are mandated to accept military or private insurances that refuse to reimburse for comprehensive mental health services. We need to insure that all children who need services will be accommodated. Providing financial support is an essential component of this, as well as revising the regulations to maximize the quality of care received.

Thank you for your attention to this important matter.

Sincerely, Rachel Lopez
6445 #B Mullan Rd
Missoula, Montana 59808 (406) 241-2825